



MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

1800 Washington Blvd, Baltimore, MD 21230

410-537-3167 • 1-800-633-6101 x 3167 • TTY Users: 1-800-735-2258

APPLICATION FOR OPERATOR IN TRAINING (TEMPORARY) CERTIFICATION

The application fee is **\$50.00 for each certification** and must be sent with the application. An incomplete application will be returned to the applicant. **Make checks or money orders payable to the Board of Waterworks and Waste Systems Operators. Return application and fee to: Maryland Department of the Environment, PO Box 2057, Baltimore, MD 21203-1708**

I. GENERAL INFORMATION :

Name: _____ SSN: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Business Phone #: _____

Email Address: _____ Date of Birth: _____

II. CATEGORY AND CLASS APPLYING FOR (CIRCLE BELOW):

<u>CATEGORY</u>	<u>CLASS</u>								
Wastewater Treatment Plant Operator (W)	1	2	3	4	5	6	S	A	
Water Treatment Plant Operator (T) (For Water 5, write RO, DE, Arsenic, or GWUDI)	1	2	3	4	5	G	Water 5 Option: _____		
Water Distribution Systems Operator (D)	1								
Wastewater Collection System Operator (C)	2								
Industrial Wastewater Works Operator (I)	1	2	3	4	5	6	7		

Other certifications issued by the Board of Waterworks and Waste Systems Operators:

Certification #: _____ Expiration date: _____

III. CURRENT EMPLOYMENT INFORMATION (to be completed by employer):

Name of Facility: _____ Telephone #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Category and Class of Facility: _____

NPDES Permit Number/PWSID (If applicable): _____

Applicant's Position Title: _____

Job Duties of Position: _____

Position Start Date: _____

IV. APPLICANT'S STATEMENT :

I hereby affirm that this application contains no willful misrepresentations or falsification and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be revoked.

Applicant's Signature

Date

This notice is provided pursuant to State Government Article, § 10-624, Maryland Code Annotated. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

V. OPERATOR IN CHARGE:

COMAR 26.06.01.06 requires that a temporary certificate holder work under the direction of a holder of a superintendent or operator certification of same category and class. An authorized person shall sign and attach justification, if there is no operator in charge.

Name of Operator in Charge

Certification #

Email Address

Signature

Telephone #

ALL INFORMATION IS REQUIRED
INCOMPLETE APPLICATIONS WILL BE RETURNED